

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND PERMIT

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUL 02 2019

Bayfield Co. Zoning Dept.

Permit #:	19-0278
Date:	8-19-19
Amount Paid:	\$75 7-3-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Robin Zauf Maxine Perry Cynthia Power	
Mailing Address: 875 29th St	City/State/Zip: Clayton WI 54004
Telephone: 715 9482600	
Address of Property: 8752 Beach Rd 8790 Beach Rd	
City/State/Zip: Port Wing WI 54865	
Cell Phone: 715 7680984	
Contractor: Schuette Movers L.L.C	
Contractor Phone: 715-355-8933	
Plumber: NA	
Plumber Phone: NA	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	
Agent Phone:	
Agent Mailing Address (include City/State/Zip):	
Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)
Tax ID# 34259	
Recorded Document: (Showing Ownership) 2068K 522079	
1/4, 1/4	Gov't Lot 1
Lot(s)	CSM
Vol & Page 1.9 p. 25	CSM Doc # 1478
Lot(s) No. 2	Block(s) No.
Subdivision:	
Section 20, Township 50 N, Range 08 W	Town of: Port Wing
Lot Size	Acreage 1.21

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 30 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 12,800	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: C	<input type="checkbox"/> NA
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
		<input checked="" type="checkbox"/> Seasonal		<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 90	Width: 16'	Height: 16'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/>	with Loft	(X)	
	<input type="checkbox"/>	with a Porch	(X)	
	<input type="checkbox"/>	with (2nd) Porch	(X)	
	<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with (2nd) Deck	(X)	
	<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) Raising House to avoid high water levels	(40 X 16)	640
	<input type="checkbox"/>	Accessory Building (specify)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robin Zauf - Cynthia Power M. Wendy Perry
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-24-19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit 875 29th St Clayton WI 54004
Robin Zauf

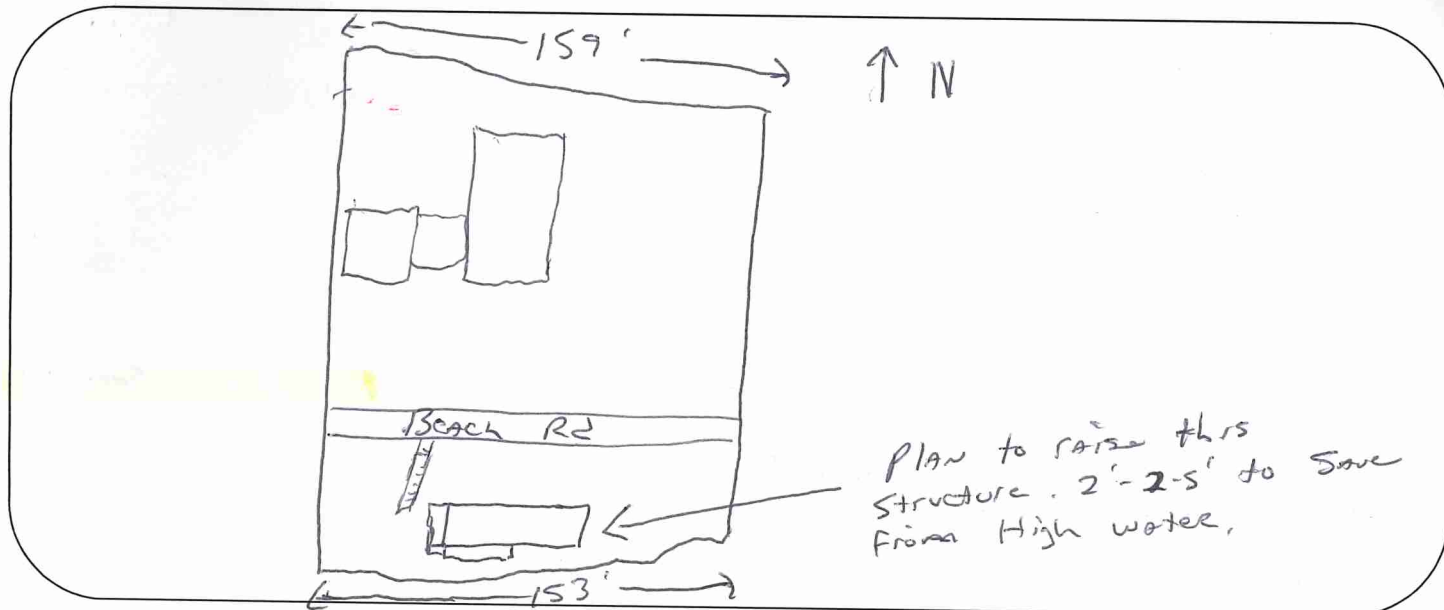
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	46 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	13 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	250 Feet		
Setback from the South Lot Line	12 Feet	Setback from Wetland	0 Feet
Setback from the West Lot Line	44 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	62 Feet	Elevation of Floodplain	605 RFE Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 87537	# of bedrooms: 1	Sanitary Date: 4-21-87
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0278		Permit Date: 8-19-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Setback to Lake/Road	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		Were Property Lines Represented by Owner		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: Existing house proposed to be lifted with fill to mitigate high water levels of lake superior. Structure is currently sitting in water. Used Floodfringe standards as defined by NR 116.14(3) coastal Floodplain district				
Date of Inspection: 7-9-19		Inspected by: Todd Norwood		Zoning District: (RRB)
				Lakes Classification: (1-L4 Superior)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
The lowest floor of the cabin (excluding basement or crawlspace) must be at or above 607 feet of elevation. Fill must be at or above 606 feet and extend at least 15 feet beyond the structure at that elevation. Elevations are based on FEMA Floodplain map datum. Must have WDNR wetland permit.				
Signature of Inspector: Todd Norwood				Date of Approval: 8-19-19
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

wn, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **87537**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0278** Issued To: **Robin Zauf, Maxine Perry, & Cynthia Power**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **20** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot **2** Block Subdivision CSM# **1478**

For: **Residential Addition / Alteration: [1.5 - Story; Raising a structure up 2'-2 1/2' (40' x 16') = 640 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): The lowest floor of the cabin (excluding basement or crawl space) must be at or above 607 feet of elevation. Fill must be at or above 606 feet and extend at least 15 feet beyond the structure at that elevation. Elevations are based on FEMA flood plain map and datum. Must have WDNR wetland permit.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 19, 2019

Date